Foster Family Home - Corrective Action Report

Provider ID:

1-100113

Home Name:

Menes Saoit, CNA

Review ID:

1-100113-6

94-414 Opeha Street

Reviewer:

Sue Lo

Waipahu

HI 96797

Begin Date:

2/2/2018

End Date:

2/10/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

2/9/2

Date

02 09 18

2/9/2018 4:25 AM

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